Common	5111	State File No		THE DIVISION OF HE STANDARD CERTIF	AR 12 1949	FILED MAR
1. PLACE OF DEATH a. COUNTY Jackson b. CITY (II decide corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. FULL NAME OF (If not in hospital or lautitution, give street address or location) HOSPITAL OR INSTITUTION JACKSON S. TATE MISSOURI C. CITY (II) decided corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. FULL NAME OF (II) and in hospital or lautitution, give street address or location) HOSPITAL OR INSTITUTION JACKSON S. COLOR OR RACE J. MARRIED OR SANTEN S. EXX S. COLOR OR RACE J. MARRIED NEVER MARRIED S. SEX S. COLOR OR RACE J. MARRIED NEVER MARRIED JULY 7, 1869 JOHN SANTEN JOHN	771	102 Registrar's No	PRIMARY REG. DIST. NO. 14	REG. DIST. NO		BIRTH NO
b. CITY (If centrales corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. FULL NAME OF (If see is absorbed or institution, give street address or location) d. FULL NAME OF (If see is absorbed or institution, give street address or location) INSTITUTION 2/1/4 Washington 3. NAME OF (If see is absorbed or institution, give street address or location) DECEASED (Type or Print) S. SEX (B. C. CLOR OR RACE (Type or Print) S. SEX (B. C. CLOR OR RACE (Type or Print) S. SEX (B. C. CLOR OR RACE (Type or Print) S. SEX (B. C. CLOR OR RACE (Type or Print) S. SEX (B. C. CLOR OR RACE (Type or Print) S. SEX (B. CLOR OR RACE (Type	tion: residence beto	Where deceased lived. If inetitut	2. USUAL RESIDENCE			
G. FULL NAME OF UT ose in hospital or institution, give street address or levention) NSTITUTION 24/14 Washington 3. NAME OF UT ose in hospital or institution, give street address or levention) DECEASED 3. NAME OF UT ose in hospital or institution, give street address or levention) DECEASED 3. NAME OF UT ose in hospital or institution, give street address or levention) DECEASED 3. NAME OF UT ose in hospital or institution, give street address or levention) DECEASED 3. NAME OF UT ose in hospital or institution, give street address or levention) DECEASED 3. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, Santen Santen 9. DATE OF BIRTH July 7, 1869 109. KIND OF BUSINESS OR IN. DUSTRY At home 130. MOTHER'S MAIDEN 130. MOTHER'S MAIDEN 14. NAME OF MUSEAND OR WIFE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT'S SIGNATURE OR NAME 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH ANTE COLOR OR ARCE 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a) ANTECEDENT CAUSES MORBITATION MEDICAL CERTIFICATION Was Anna Link 607 E. COLOR OR ARCE 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a) ANTECEDENT CAUSES MORBITATION MEDICAL CERTIFICATION ANTECEDENT CAUSES MORBITATION 100. DUE TO.(c) 11. OTHER SIGNIFICANT CONDITIONS MORBITATION 121. ACCIDENT MORBITATION 122. ACCIDENT MORBITATION 133. MOTHER'S MAIDEN NAME 14. NAME OF MUSEAND OR WIFE 16. SOCIAL SECURITY MTS . ANNE LINK 607 E. COLOR OR ARCE 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH MTS . ANNE LINK MTS . ANNE LINK MTS . ANNE LINK 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a) 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a) 10. DIRECTLY LEADING TO DEATH'(a) 10. DIRECTLY LEADING TO DEATH'(a) 10. DIRECTLY LEADING TO DEATH'(a) 11. OTHER SIGNIFICANT CONDITIONS CONDITION 121. ACCIDENT MORBITATION 122. (CITY, TOWN, OR TOWNSHIP) 123. HOW DID INJURY OCCURRED MORBITATION 124. HOW DID INJURY OCCURRED MORBITATION 125. HOW DID INJURY OCCURRED		e, write RURAL and give township	_OR	township) STAY (in this place)		OR
3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) c. (Last) d. DATE (Month) DEATH February Santen c. (Last) Elizabeth female/ Santen c. (Last) Santen c. (Last) Santen d. DATE (Month) DEATH February Santen female/ G. COLOR OR RACE Third to single Widowed, Divorced (specify) Single July 7, 1869 To Monthel Leavenworth, Kansas Is Birthplace (Siste or torsign country) Leavenworth, Kansas Is MAND DECEASED EVER IN U. S. ARMED FORCES; John Santen Tho Monthel Santen Tho Medicing most of working life, even if retired at home of earlies of services) Is Social Security NO. (In one) Mess. Anna In one Anna Tho Mess. Anna Link Antecedent country DISEASE OR CONDITION ANTECEDENT CAUSES Morbid conditions, if any, giring DUE TO (b) rise to the above course (a) dating the underlying course leaf. DUE TO (c) II. OTHER Significant Contributing to the death but not rise to the above course (a) dating the underlying consulted the disease or condition coursing death. TO MONCIDE HOMICIDE (Bpedity) DISEASE OR CONDITION DISEASE OR CONDITION ANTECEDENT CAUSES Morbid conditions, if any, giring DUE TO (b) rise to the above course (a) dating the underlying consulted the disease or condition coursing death. Tho Morbid conditions, if any, giring DUE TO (c) II. OTHER Significant Contributing to the death but not rise to the above course (a) dating the underlying course or and the	(3)	, give location)	d. STREET (If rural, ADDRESS	stitution, give street address or location)	OF (If not in hospital or in	d. FULL NAME OF
6. COLOR OR RACE female fhite	(Day) (Year)	4. DATE (Month) (c. (Last)		a. (First)	3. NAME OF DECEASED
OB. USUAL OCCUPATION (Gire kind of work done during most of working life, even if retired) at home 3a. FATHER'S NAME JOHN SANTEN S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yen, no. or unknown) (if yes, sive war or dates of service) R. CAUSE OF DEATH Interest the disease of not retired in or (a), (b), and (c) *This does not mean the made of spins, such in the life to the doce cause (c) stating its east failure, asthenia, its 11 means the disease, inspirs, or complication which caused death. 3a. DATE OF OPERATION S. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO. Mrs. Anna Link 607 E. 607 E. 60 Mrs. Anna Link 607 E. 6	TEAR OF CHICAGO M KINS	9. AGE (In years of UNDER 1 YE last birthday) Months De	8. DATE OF BIRTH	WIDOWED, DIVORCED (Beecity)	6. COLOR OR RACE	5. SEX 6
John Santen S. WAS DECEASED EVER IN U.S. ARMED FORCES? No. On the date of services of the decade of services of the decade of the underlying cause last. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **This does not mean the mode of dying, such the mode of dying, such the underlying cause last. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO.(c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS See, Injury, or complication the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death of the death o	CITIZEN OF WHA	- 12.	11. BIRTHPLACE (State or foreign of	10b. KIND OF BUSINESS OR IN-	ATION (Give kind of work orking life, even if retired)	0a. USUAL OCCUPATI
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. none mixtown) (If yes, stree was or dates of service) none (II yes, stree was or dates of service) none (II yes, stree was or dates of service) none (III yes, stree was or dates of service) none (III yes, stree was or dates of service) none (III yes, stree was or dates of service) none (III yes, stree was or dates of service) none (III DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) MEDICAL CERTIFICATION (III DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO.(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. IPS. DATE OF OPERATION (Specity) 21b. PLACE OF INJURY (e.g., in or about bldg., sto.) 10c (COUNTY) home, farm, factory, street, office bidg., sto.) 10c (CITY, TOWN, OR TOWNSHIP) (COUNTY) NOT WHILE WORK AT WORK 10c (CITY, TOWN DID INJURY OCCUR? WHILE AT WORK 10c (CITY, TOWN, From the causes and on the date stated of alive on 2 - 1 - 1, 19 , and that death occurred at 2.45 Am., from the causes and on the date stated of alive on 2 - 1 - 1, 19 , and that death occurred at 2.45 Am., from the causes and on the date stated of alive on 2 - 1 - 1, 19 , and that death occurred at 2.45 Am., from the causes and on the date stated of alive on 2 - 1 - 1, 19 , and that death occurred at 2.45 Am., from the causes and on the date stated of the discase of the date of the death occurred at 2.45 Am., from the causes and on the date stated of the date o	000000	ME OF MUSBAND OR WIFE	NAME 14. NA	.	ME	3a. FATHER'S NAME
Enter only one cause per line for (a), (b), and (c) *This does not mean the discase of dying, such as heart fallure, asthenia, rise to the above cause (a) stating the underlying cause last. *This does not mean the discase of dying, such as heart fallure, asthenia, rise to the above cause (a) stating the underlying cause last. *DUE TO.(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE (Bpecity) SUICIDE (Bpecity) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., sec.) 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from Work AT WORK 1 19 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS 62nd St.		17. INFORMANT'S SIGN	ORCES? 16. SOCIAL SECURITY NO.	EVER IN U.S. ARMED F	15. WAS DECEASED EV
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SUICIDE bome, farm, factory, street, office bldg., sec.) Pld. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? INJURY WHILE AT WORK AT WORK 21e. HOW DID INJURY OCCUR? 2. I hereby certify that I attended the deceased from 2 - 6 - 4 7, 19 , to 2 - 8 - 49 , that I last s alive on 2 - 17 - 1, 19 , and that death occurred at 6:450m., from the causes and on the date stated of	20. AUTOPSY?			DINGS OF OPERATION	196. MAJOR FIND	19a. DATE OF OPERA- TION
MHILE AT NOT WHILE WORK AT WOR	(STATE)	P) - (COUNTY) . ·	21c. (CITY, TOWN, OR TOWNSHII	21b. PLACE OF INJURY (e.g., in or about some, farm, factory, street, office bldg., etc.)	(Specity) 2	SUICIDE
22. I hereby certify that I attended the deceased from 2-6-47, 19, to 2-18-49, 19, that I last s alive on 2-17-4, 19, and that death occurred at 6:450m., from the causes and on the date stated of			21f. HOW DID INJURY OCCUR?	WHILEATITY NOT WHILE	nth) (Day) (Year) (I	21d. TIME (Month OF INJURY
			, 	he deceased from 🌂 – 6 – L		
Chegamana w. 9 0 de Lang 1/1/1/10.	23c. DATE SIGNED		23b_ADDRESS			
24a. BURTAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) TION, REMOVAL (Specify) Removal 2/21/49 Piqua Cometery Piqua Kansas) (State)		1.		edfy)	TION, REMOVAL (Specif:
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDI	ress V Linwood	I SHATURE ADDR	25 FUNERAL DIRECTOR'S S			

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Signed Howard W. Farmer

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Signed Licensed Embalmer No. 4.3

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.